

# **EXHIBIT G**

Diabetes Report

\* Final Report \*

W\_\_\_\_\_ K\_\_\_\_\_ - 563687720

**\* Final Report \***

Utah Department of Health/Utah Office of Education  
Licensed Independent Provider's (LIP)  
Diabetes Medication/Management Orders  
In Accordance with Utah Code 53G-9-506 and 53G-9-504  
PCH Outpatient Diabetes Program

801-213-3599  
Fax: 801-587-7539

Student Information

Patient First Name: M\_\_\_\_\_

Patient Last Name: W\_\_\_\_\_

Patient DOB: 03/03/2011

Type of DM: 1

Age at Dx: 17 months old

Name of School: Butterfield Canyon Elementary School

Fax: 801-302-4977

For School Year: 2018-2019

To Be Completed by LIP

In accordance with these orders, an Individualized Health Care Plan (IHCP) must be developed by the School Nurse, Student, and Parent to be shared with appropriate school personnel, and cannot be shared with any individual outside of those public education employees without parental consent. As the student's LIP, I confirm M\_\_\_\_\_ has a diagnosis of diabetes mellitus and it is 'medically appropriate for the student to possess and self-administer diabetes medication and the student should be in possession of diabetes medications at all times' (Utah Code 53G-9-506). Per my assessment, M\_\_\_\_\_ is capable to carbohydrate count meals and snacks for insulin adjustment, carry, and self-administer diabetes medication (prefilled insulin syringes). This student may participate in school activities with the following restrictions: Blood glucose is below 60 prior to PE/Recess. Parents and M\_\_\_\_\_ are responsible for oversight.

**PROCEDURES**

**Emergency Glucagon Administration**

Immediately for severe hypoglycemia: unconscious, semi-conscious (unable to control airway), or seizing. Glucagon Dose: 0.5 mg/0.5 ml Route: IM Possible side effects: Nausea and Vomiting

**Blood Glucose Testing**

Target range for blood glucose (BG) is: 80-120

M\_\_\_\_\_ will independently check blood glucose as needed. (Before meals, prior to insulin correction, and before exercise). If BG is less than 60, he will treat himself.

Parents and M\_\_\_\_\_ will assess participation in PE/Recess based on blood glucose reading.

**Insulin Administration**

Result type: Diabetes Report  
Result date: January 24, 2019 17:07 MST  
Result status: Auth (Verified)  
Result title: DMMO  
Performed by: NEARY, RD, ALAINA I on January 24, 2019 17:13 MST  
Verified by: NEARY, RD, ALAINA I on January 24, 2019 17:13 MST  
Encounter Info: 1216077479, PDBE\_Diabetes, Clinic, 11/21/18 - 11/21/18

Printed by: NEARY, RD, ALAINA I  
Printed on: 01/24/2019 17:14 MST

Page 1 of 2  
(Continued)

**Diabetes Report**

\* Final Report \*

W\_\_\_\_\_, K\_\_\_\_\_ - 563687720

Insulin Type: Diluted Novolog (2:10 dilution, prefilled syringe) Novolin R (Regular, prefilled syringe)

Route: Subcutaneous Possible side effects: Hypoglycemia

Lunch Dosing: 0.5 unit Diluted Novolog and 1 unit Novolin R before meal (prefilled syringes).

Correction Dose: Diluted Novolog (prefilled syringe) 8

Blood Glucose 120-130 (0.5 unit)

Blood Glucose 130-140 (1 unit)

Blood Glucose 140-150 (1.5 unit)

Additional Orders: Per mom all G6 information removed

**TO BE COMPLETED BY PARENT OR GUARDIAN**

I understand that a school team, including parent or guardian, may make decisions about implementation and assistance in the school based on consideration of the above recommendations, available resources, and the student's level of self-management. I acknowledge that these orders signed by the LIP will be used by the school nurse, and shared with appropriate school staff, to develop and IHCp for my child's diabetes management at school.

Date:

Parent/Guardian Signature:

Best/Emergency contact information:

Name: Carly Watkins

Cell: 801-231-2855

Name: Wade Watkins

Cell: 801-450-3808 Name: Diane Ault

Cell: 801-694-5704

**Signature Line**

Electronically Signed on 01/24/19 05:13 PM

NEARY, RD, ALAINA I



MURRAY, MD, MARY A.

**Completed Action List:**

- \* Perform by NEARY, RD, ALAINA I on January 24, 2019 17:13 MST
- \* Sign by NEARY, RD, ALAINA I on January 24, 2019 17:13 MST
- \* VERIFY by NEARY, RD, ALAINA I on January 24, 2019 17:13 MST

Result type: Diabetes Report

Result date: January 24, 2019 17:07 MST

Result status: Auth (Verified)

Result title: DMMO

Performed by: NEARY, RD, ALAINA I on January 24, 2019 17:13 MST

Verified by: NEARY, RD, ALAINA I on January 24, 2019 17:13 MST

Encounter Info: 1216077479, PDBE\_Diabetes, Clinic, 11/21/18 - 11/21/18

Printed by: NEARY, RD, ALAINA I

Printed on: 01/24/2019 17:14 MST

Page 2 of 2  
(End of Report)